

ログイン画面

https://certification2.acsm.org/ACSMcert/SignInChallenge.aspx?returnURL=/recertify?WebsiteKey=40d2dec0-9084-4ddc-9f3c-5581431a99a8



AMERICAN COLLEGE of SPORTS MEDICINE

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The content you have attempted to access requires sign in and may have other security restrictions

Sign In 例: 山田太郎 (Taro Yamada) ID番号12345 の場合

Username

Yam012345

苗字の最初の3文字(最初の1文字は大文字)+6桁のID番号

Password

012345

6桁のID番号

Remember me

コンピュータにパスワードを記憶させる場合はチェック

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クリックしてサインイン!

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更新手続き画面

ACSM RECERTIFICATION / RENEWAL FORM

Contact Information

ACSM ID #:
Name:
Company:
Preferred Mail:
Business Phone:
Home Phone:
Email:

名前や住所などの個人情報
が表示されている

Click Update and change the Renewal value to NO for any certificate you do not wish to renew.

Cert. Number	Description	Cert. Expires	Req. CECs	Cert. Fee	Renew?
2185	ACSM Certified Exercise Physiologist (EP-C) recert - formerly called HFI and HFS	12/31/2015	60	\$55.00	Yes Update

Enter Continuing Education Credits earned through ACSM and other sources below:

ACSM CECs applicable for this period:

CECs earned from other organizations:

cecセミナーで取得した単位数を入力

cecセミナー以外で取得した単位数 (Jafa講習会や誌面テストなど) を入力

The total of the two values above must be greater than or equal to the highest Required CECs value for the Certifications being renewed.

I, by submitting this ACSM Recertification/Renewal Form, understand that continuing education credits and CPR certification are necessary components of, and requirements for, valid ACSM certification/registration.

I confirm that I have met all of the requirements for this level of credential and will provide proof when necessary. I have completed the above application to the best of my knowledge and the information is accurate and true.

I have read, understand, and agree to the ACSM Recertification/Renewal policies.

Once your online payment is processed and verified, you will be sent new ACSM certificate(s).

If you do not receive your new certificate(s) in 6 weeks, please email certification@acsm.org.

Please check this box acknowledging the statements above, and then click

Next

「Next」をクリックして決済画面へ移動する

内容に同意してチェックボックスをクリック

ACSM RECERTIFICATION / RENEWAL FORM

Ms. Francine Fitness (Page 2)

Cert. Number	Description	Cert. Expires	Req. CECs	Renewal Fee:	Renew?
1234567	ACSM Certified Personal Trainer (CPT) Recertification	12/31/2015	45	\$45.00	Yes

Check the check box next to the Invoice(s) below to be paid, then click the Add to Cart button.

	Pay	Invoice	Date	Description	Amount	Balance Due
<input type="checkbox"/>	<input type="checkbox"/>	R307343	12/13/2015	Recertification thru 12/31/2018	45.00	45.00

Total Balance Due 45.00

Total Selected 0.00

[Add To Cart](#)

「Pay(支払う)」ボックスにチェックを入れて「Add To Card」をクリック。

Put a check in the box and notice the Total Selected will change to match Total Balance Due.

Shopping Cart

Items

There are no records.

[Update](#)

Invoices

Invoice Number	Description	Balance	
R307343	Recertification thru 12/31/2018 - Ms. Francine Fitness	45.00	Pay Later

Cart Charges

Invoice Total	45.00
TRANSACTION GRAND TOTAL	45.00

After you click Add To Cart, your shopping cart will show the Cart Charges.

決済額(※EP-Cは55ドル)を確認する。

Payment Details

Payment Method:

* Card Number:

* Name on Card:

* Expiration Date:

CSC:

Card Address: 100 Walk This Way
Indianapolis, IN 46202
[Choose another address](#)

[Submit Order](#)

Enter your credit card information and click Submit Order.

The next screen is a receipt.

You will receive an emailed receipt with more detailed information about your recertification.

あなたのクレジットカード情報を入力し「Submit Order」をクリックし、手続き完了。

※完了後、確認メールが配信されます。